





ATTACH THIS END TO BACK OF PICTURE

ALL BLANK LINES MUST BE FILLED IN

LYME ART ASSOCIATION

Title (please print) *GRAY DAY LYME*

Artist (please print) *MARGARET COOPER*

Address *LYME CONN*

The Association shall not be responsible for loss or damage, no matter how the same may be caused, the responsibility therefor resting solely with the owner; and this exhibit is submitted and received subject to this condition, which is hereby accepted.

Signature of Artist

Price *\$1.00*

or Owner *Maryare*